on 1st July, 2005 stood at 25.11 million tonnes, which was marginally short of the revised buffer norm of 26.90 million tonnes. The marginal shortfall in stock *vis-a-vis* buffer norm reflects the combined impact of lower procurement of wheat in 2005-06 at 14.79 million tonnes compared with 16.80 million tonnes in 2004-05 and upward revision in buffer norm for 1st July for wheat to 17.10 million tonnes compared with the pre-revised norm of 14.30 million tonnes.

Infant mortality rate

*292. DR. K. MALAISAMY: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that the infant mortality rate in India is much higher than that of the neighbouring countries like Bangladesh, Sri Lanka etc.;

(b) if so, the details thereof in term of percentage and how it compares with countries like Bangladesh, Nepal and Sri Lanka;

(c) whether it is also a fact that India tops in the births of underweight babies and neonatal mortality;

(d) the reasons for this alarming situation;

(e) what is the Tenth Plan goal in these areas; and

(0 what are the special measures in the offing and undertaken to bring down these problems?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMDOSS): (a) to (e) It is true that the Infant Mortality Rate (IMR), proportion of births of underweight babies (low birth weight) and Neonatal Mortality Rate in respect of India compares unfavourable with the neighbouring countries of Bangladesh and Sri Lanka.

The details of Infant Mortality Rate (IMR), proportion of births of underweight babies (low birth weight) and Neonatal Mortality Rate in respect of India and neighbouring countries as published in "UNICEF — The State of the world's children 2005" and The World Health Report 2005, published by WHO' is given at enclosed Statement *(See* below). While the Infant Mortality Rate of India for the year 2003 has been

shown as 63 in the UNICEF publication, it has been estimated as 60 for 2003 under the Sample Registration System of the Registrar General of India.

The major reasons for high infant and neonatal mortality are poor nutrition of mothers and new boms, acute respiratory infections, diarrhoeal diseases and inadequate access to maternal and new born care. The causes for low birth weight primarily include poor maternal nutrition and frequent pregnancies particularly among women in the low income families.

India had set a target of bringing down the Infant Mortality Rate to less .than 60 by the year 2000. The same has been achieved in the year 2003. However, the rate of decline has not been uniform among the States and the 6 demographically weak States of Uttar Pradesh, Orissa, Rajasthan, Madhya Pradesh, Assam and Chhattisgarh continue to be above the national average of 60 per thousand live births. Similar situation exists in most of the States with regard to neonatal mortality rate. The 10th Plan Goal is to bring down infant mortality rate at the national level to less than 45 per thousand live births by the year 2007.

(f) Under the Reproductive the Child Health Programme (RCH) being implemented in all States of the country, various interventions for reducing infant & child mortality and morbidity in children are being implemented. These include immunization against six vaccine preventable diseases, control of death due to diarrhoea and control of deaths due to acute respiratory infections. Health Care Workers have been trained in the diagnoses and management of pneumonia and diarrhoea. This is supplemented by the supply of Tab. Paediatric Contrimaxazole for treatment of pneumonia and ORS for treatment of diarrhoea to the Health Workers in the Kit-A supplied to them under the RCH Programme. Essential New Bom Care and promotion of exclusive breastfeeding and appropriate complementary feeding practices are also promoted in the community through Health Care Workers.

For improving nutrition of mothers and young children, a National Nutritional Policy was formulated in 1993 and the national plan of action on nutrition is being implemented through a number of departments of Government of India including, among other, the Integrated Child Development Services Programme of the Department of Women and

Child Development and the Reproductive and Child Health Programme of the Department of Family Welfare for improving the nutritional status of pregnant women and children.

Government of India have recently launched the National Rural Health Mission (NRHM) in order to improve the availability of and access to quality health care including services for promotion of institutional deliveries and skilled attendance at birth. The ongoing Reproductive & Child Health Programme is a component of the NRHM. Under the NRHM, services provided under the RCH Programme will be strengthened through:

* Implementation of Janani Suraksha Yojana (JSY) under which cash incentives are provided to pregnant women belonging to families Below Poverty Line (BPL) if they deliver at a health center/Hospital.

* Appointment of Accredited Social Health Activist (ASHA) for every village with a population up to 1000. ASHA will facilitate in accessing health care services to the community and will have specific responsibility of mobilizing pregnant women for antenatal care, institutional delivery and post-natal checks and immunization to children.

* Operationalising 2000 Community Health Centers as First Referral Units (FRU) for providing Emergency Obstetric and Child Health services.

* Making 50% Primary Health Centers functional for providing 24 hours delivery services, over the next five years.

* Ensuring quality of services by implementing Indian Public Health Standards (IPHS) for Primary Healthcare Facilities.

Statement

IMR and NMR in respect of India and Neighbouring Countries

Country	IMR—2003* (Per Thousand Live Births)	Neo-natal Mort. Rate* (Per thousand live births)	Low Birth Rate* (Per cent)
Afghanistan	165	60	NA
Bangladesh	46	36	30

Country	IMR—2003' (Per Thousand Live Births)	Neo-natal Mort. Rate# (Per thousand live births)	Low Birth Rate* (Per cent)
Bhutan	70	38	15
India	63	43	30
Pakistan	81	57	19
Mynmar	76	40	15
Nepal	61 .	40	21
Sri Lanka	13	11	22

♦UNICEF-The State of the world's children 2005 # WHO-The World Health Report 2005

Grants for Protection of Sanctuaries and Parks of Kerala

*293. SHRI A. VIJAYARAGHAVAN: Will the Minister of ENVIRONMENT AND FORESTS be pleased to state:

(a) whether any scheme for grant, submitted for protecting Sanctuaries and National Parks of Kerala, is under the consideration of the competent authority;

(b) if so, the details including the grant sought and the action taken on the above proposal;

(c) the details of assistance sanctioned to Kerala under the Scheme 'Development of National Parks and Sanctuaries' during the last three years, year-wise;

(d) whether steps will be taken to increase the allocation to Kerala under the said scheme;

(e) if so, the details thereof; and

(f) if not, the reasons therefor?

THE MINISTER OF ENVIRONMENT AND FORESTS (SHRI A. RAJA): (a) Yes, Sir. Proposals in the form of "Annual Plans of Operation **(APO)"** are received from Govemment of Kerala for financial assistance under the Centrally Sponsored Schemes "Development of National Parks and Sanctuaries", "Project Tiger" and "Project Elephant" for protection of Sanctuaries and National Parks of Kerala.